2001 California Fiduciary Income Tax Return

For calendar year 2			001 or fiscal year beginning month day year 2001, and ending month	day y	ear	
Type of entity:			Name of estate or trust	Federal employer identif) p
Type of entity: (1) Decedent's estat						'
(2) Simple trust			Name and title of fiduciary	PBA cod	e	
(3) Complex trust						Α.Ο.
. ,		itor type	Address of fiduciary (number and street including suite number, PO Box, or rural route)	DM	B no.	AC
_	trust		Address of Inductary (Inditibut and street including state Inditibut, 1 O box, of India Foote)	FIVE	D 110.	A
(5) ∟		kruptcy estate lapter 7	City State	L 7/D 0 . I		
(6)		ruptcy estate	City	ZIP Code		R R
(0)		apter 11				
(7)		ed income	Check applicable boxes: ☐ Initial return ☐ Final return ☐ REMIC			
	fund		☐ Amended return. Attach explanation and schedules ☐ Cha	nge in fiduciary's na	me or addres	s RP
	1	Interest in	ncome		1	
	2	Dividends			2	
	3	Business	income or (loss). Attach federal Schedule C or C-EZ (Form 1040)	•	3	
Je	4	Capital ga	in or (loss). Attach Schedule D (541)		4	
Income	5	Rents, roy	valties, partnerships, other estates and trusts, etc. Attach federal Schedule E (Form 1040)		5	
드		-	me or (loss). Attach federal Schedule F (Form 1040)			
	7		gain or (loss). Attach Schedule D-1			
	8	, ,	ome. See instructions. State nature of income			
	9		me. Combine line 1 through line 8		9	
	10		10 <u></u>			
	11		11 _			
	12		fees			
		,	deduction. Enter the amount from Side 2, Schedule A, line 7			
s			accountant, and return preparer fees			
tion		-	eductions not subject to 2% floor. Attach schedule • 15a			
Deductions			ole misc. itemized deductions subject to 2% floor • 15b			
De			dd line 15a and line 15b			
	16		line 10 through line 14 and line 15c		16	
			total income (or loss). Subtract line 16 from line 9. Enter here and on Side 2, Schedule B, line 1			
			stribution deduction from Side 2, Schedule B, line 15. Attach Schedule K-1 (541)			
			come of fiduciary. Subtract line 18 from line 17			
			tax; b Other taxes; c QSF tax			
			n credit (\$10.00 for an estate, \$1.00 for a trust). See instructions			
			ttach worksheet. If one credit, enter code • • 23			
	20		nore than one credit, see instructions.			
	21		line 22 and line 23	_	24	
			ine 24 from line 21			
			e minimum tax. Attach Schedule P (541)			
	27		y. Add line 25 and line 26			I
	28		income tax withheld			I
S	29		income tax previously paid. See instructions			
Tax and Payments	30		estimated tax, amount applied from 2000 return, and payment with form FTB 3563			
ayn	31				I	
d P	32		nents. Add line 28, line 29, and line 30			
an			tax. Subtract line 27 from line 27			
Та	33 34	•	f line 33 to be credited to 2002 estimated tax			I
	35		f overpaid tax available this year. Subtract line 34 from line 33			
			ntary contributions from Side 2, Schedule C, line 10			
	00	iotai volul	That y Continuations from Side 2, Schedule 0, line 10			$\neg \vdash $
	37	Refund or	No Amount Due. Subtract line 36 from line 35			
	01	itotullu Ul	No Amount Due. Subtract line so from line so		-	
	38	Amount D	ue. Add line 32 and line 36			
			ment of estimated tax. Fill in circle: FTB 5805 attached FTB 5805F attached		30	
	03	oriuci payi	mont of estimated tax. The in choic. O FTD 3003 attached. O FTD 30031 attached		JJ	

Sc	hedule	A Charitable Deduction Do not complete for a simple and address of each charitable organization to which	rust or your co	a pooled ontribution	ino 18	come fund. Atta totaled \$3000 o	ch statement listing or more.	g the name	е		
1	Amounts	paid or permanently set aside for charitable purposes fro	om gros	ss income	. S	See instructions			1		
		Fax-exempt income allocable to charitable contributions. See instructions									
		Subtract line 2 from line 1									
4		Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes									
5		Add line 3 and line 4									
		R&TC Section 18152.5 exclusion allocable to capital gains paid or permanently set aside for charitable purposes									
7		e deduction. Subtract line 6 from line 5. Enter here and c									
		B Income Distribution Deduction	II Sluc	1, 11110-13	-						
_									4		
		total income. Enter amount from Side 1, line 17									_
		Adjusted tax-exempt interest and nontaxable gain from installment sale of small business stock. See instructions									
	-	et gain shown on Schedule D (541), line 9, column a. If net loss, enter -0 See instructions									
		Enter amount from Schedule A, line 4 (reduced by any allocable R&TC Section 18152.5 exclusion)									
		Enter capital gain included on Schedule A, line 1							ວ		
b		If the amount on Side 1, line 4 is a gain, enter the amount here as a negative number. If the amount on Side 1, line 4 is a loss, enter the loss as a positive number							•		
_											
		ble net income. Combine line 1 through line 6							/		
		or the taxable year determined under the governing instru			-				_		ı
		equired to be distributed currently (IRC Section 651)									
		ounts paid, credited, or otherwise required to be distribu							10		
11		ributions. Add line 9 and line 10. If the result is greater the									
		ns for line 12 to see if you must complete Schedule J (5-									-
		total amount of tax-exempt income included on line 11									-
		income distribution deduction. Subtract line 12 from line									-
		income distribution deduction. Subtract line 2 from line									
		istribution deduction. Enter the smaller of line 13 or line	14 here	e and on S	Sid	e 1, line 18			15		
Sc	hedule	Voluntary Contributions. See instructions.									
1	Alzheimer's	Disease/Related Disorders Fund	00	6 Californi	ia F	Firefighters' Memori	ial Fund	•	57	00	
2	California Fu	nd for Senior Citizens • 53	00	7 Emerger	ncy	y Food Assistance P	rogram Fund	•	58	00	
3	Rare and En	dangered Species Preservation Program • 54	00	8 Californi	ia F	Peace Officer Memo	rial Foundation Fund .	•	59	00	
4	State Childre	n's Trust Fund for the Prevention of Child Abuse • 55	00	9 Lupus Fo	oui	ndation of America,	California Chapters Fu	nd ●	60	00	
5	California Br	east Cancer Research Fund • 56	00								
40	Total wal	rateur eentrikutione. Add line 1 there who line O. Futer have		- C:- - 1 :	·	- 27		- 64	40		00
		untary contributions. Add line 1 through line 9. Enter here		i Side I, II	me	30		• 01	10		00
		ation Note: Income of final year is taxable to beneficiarie	25								
1	Date trust	was created or, if an estate, date of decedent's death:		5			trust receive tax-ex-	•			
_			-	_		-	mputation of the allo		-		
2		state, was decedent a California resident?	_	6			a short taxable year	?			
		ecedent married at date of death?	_	7		If a trust, enter n					
	c If yes,	enter surviving spouse's social security number and name:					ident trustees				
			-				trustees				
3		e, enter fair market value (FMV) of:					a plus line b)				
		ent's assets at date of death					ident beneficiaries				
	b Assets	located in California					oeneficiaries				
	c Assets	located outside California				f Beneficiaries	(line d plus line e)		•		
4		he final return, enter date of court		8		•	red to complete fed				
	order autl	norizing final distribution of the estate					271 is required, plea				
				9		Attach a copy of	2001 federal Form 1	1041, page	es 1 and 2	<u> </u>	
ы	ease	Under penalties of perjury, I declare that I have examined this return, in and complete. Declaration of preparer (other than taxpayer) is based or						my knowled	ge and beli	ef, it is true, co	orrect,
Si	gn			nauon or will	1011	proparer rias arry N	Date				
He	ere	Signature of fiduciary or officer representing fiduciary					4				
_		orginature or inducially or ornicel representing inducially					Chook if salf	Preparer's	SSN or F	PTIN	
		Preparer's		D	Date	۵	Check if self- employed ▶ □ ●				
_	id	signature		U	valt	•	1 ., , 0	FEIN			
Preparer's Use Only		Firm's name (or yours, if self-employed) and address] +			
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